

FORMS FOR BID

FOR CONSTRUCTION ON STATE HIGHWAY IN DEL NORTE COUNTY NEAR CRESCENT CITY AT 0.2 MILE NORTH OF HAMILTON ROAD

In District 01 On Route 101 Under

Notice to Bidders and Special Provisions dated April 18, 2016

Standard Specifications dated 2010

Project plans approved January 19, 2016

Standard Plans dated 2010

Applicable to

Electronic *Bid* book dated April 18, 2016 Identified by Contract No. 01-0B2904 01-DN-101-22.9 Project ID 0112000113

Federal-Aid Project ACSTP-ER-19C5(004)E

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

DBE - COMMITMENT

DES-OE-0102.10D (REV 12/2014)

ADA Notice

CONTRACT NO:						
BID AMOUNT: \$						
BID OPENING DATE:						
BIDDER'S NAME:						
DBE GOAL FROM CONTR	ACT %:					
DBE PRIME CONTRACTO	R CERTIFICATION ¹ :	TOTAL NUMBER OF A	LL SUBCONTRACTS (DBE &	NON-DBE)	TOTAL VALUE OF ALL SUBCONTRA	CTS (DBE & NON-DBE)
BID ITEM NO.	SERVICES TO BE S	D DESCRIPTION OF UBCONTRACTED OR BE PROVIDED ²	WORK CATEGORY CODES ³	opened.	NAME OF DBEs st be certified on the date bids are include Caltrans' certification no., DBE s, and phone number. Show 2nd and lower tier subcontractors)	AMOUNT (\$)
Show all DBE firms being each DBE shown stating shown for the specific an	that it will be participati		written confirmation from erform the specific work		Total Claimed Participation	<u>S</u>
The names of the 1st tier			be consistent with the		- dittorpation	
Subcontractor List (Pub of a subcontractor Li	ctor must enter its certif	ication number and sh	ow all work to be		er acknowledges that it is comm own on this form to meet the cor	
² If 100% of an item is not the item to be performed		nished by the DBE, de	scribe the exact portion of			
³ Use Work Category Codes from the California Unified Certification Program database.					gnature of Bidder	
				Da	te (A	rea Code) Tel. No.
				Pe	rson to Contact (Ple	ease Type or Print)

For individuals with sensory disabilities, this document is available in alternate formats. For information, call (916) 445-1233, TTY 711, or write to Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

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DBE CONFIRMATION

DES-OE-0102.13 (NEW 05/2015)

Contract no.:			
Name of DBE business:			
Name of DBE representative	:		
DBE certification number:			
Name of bidder:			
Name of prime contractor if o	different from the bidder:		
Name of representative of bi	dder or prime contractor:		
Date:			
Bid item number	Item of work and description of services to be subcontra	cted or materials to be provided ¹	Amount (\$)
	be performed or furnished by the DBE, describe the exact	Total	
portion of the item to be per	formed or furnished.	As an authorized representative of enterprise, I confirm that my busin prime contractor shown above reg the bidder is awarded the contract contractual agreement with the bid the type and dollar amount of workform.	dder or prime contractor to perform
		Signature of DBE's authorized	representative:
		Printed name of DBE's authori	ized representative:
		Title of DBE's authorized repre	esentative:
		Date:	_

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STATE OF	CALIFORNIA	DEDARTMENT	OF TRANSPORTATION

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DES-OE-0102.11A (REV 12/2014)

Bidder's Name:	
Contract No.: _	

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List items of work the Bidder made available to DBE firms. Identify items of work the Bidder might otherwise perform with its own forces, items that have been broken down into economically feasible units to facilitate DBE participation, and items for which the Bidder has established flexible time frames for performance and delivery schedules in a manner that encourages and facilitates DBE participation. For each item listed, show the dollar value and percentage of the total contract. The Bidder must demonstrate that sufficient work to meet the goal was made available to DBE firms.

Item of Work Offered, Services Offered, or Materials Supplied	Perfori	Normally ns Item s/No	Item Broken Down to Facilitate Participation Yes/No		Established Flexible Timeframes for Performance and Delivery Schedules Yes/No		Amount (\$)	Percentage of Total Bid
	YES	Пио	YES	Пио	YES	□ NO		
	YES	□ №	YES	□ NO	YES	□ NO		
	YES	Пио	YES	NO	YES	□ NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	Пио	YES	Пио	YES	□NO		
	YES	□ №	YES	Пио	YES	□ NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	□ №	YES	Пио	YES	□ NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	Пио	YES	Пио	YES	□NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	NO	YES	Пио	YES	□ NO		
	YES	Пио	YES	□ NO	YES	□ NO		
	YES	NO	YES	Пио	YES	□ NO		

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

DBE GOO	D FAITH	EFFORTS	DOCUMENTATION

DES-OE-0102.11A (REV 12/2014)

Bidder's Name	4
Contract No.:	

	,							Page 2 of 3
						clude the items of work offered a copies of solicitations. e-mail me		
Name of DBI	E Solicited	Date of li	nitial Solicitation		ltems of	Wark Offered	Follow Up Me	ethods and Dates
	ided quotes, the	e price quote for e	ach firm, and the	price di	fference for each DBE	specific to the items of work being Eifthe selected firm is not a DBE act.		
Items of Work	Specifications	ed Plans/ for Work Offered s/No	Name of Sele Firm	cted	DBE or Non-DBE	Name of Rejected Firm	Quote (\$)	Price Difference (\$)
	YES	□ио						
	YES	□ио						
	YES	Ои						
	YES	Ои						
	YES	Пио						
	YES	Пио						
	YES	Пио						
	YES	□ NO						
	YES	Пио						
If the firm selected for th Provide evidence as to v						nd attach names, addresses, and	phone numbers for the	firms listed above.

STATE OF CALIFORNIA

DBE GOOD FAIT

BE GOOD FAITH EFFORT	S DOCUMENTATION	Solitade (Vo.:	
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escribe the Bidder's outreach efforts to identifi ments.	y and solicit the interest of all certified DBE	s that have the capability to perform the work of the	Contract. Provide copies of supporti
Description of Outreach	Dates	Location (if applicable)	Results
		about the plans, specifications, and requirements of the date of the contracts. Provide copies of support	
escribe the Bidder's efforts made to assist inte is. Provide copies of supporting documents.	erested DBEs in obtaining bonding, lines of	credit, or insurance. Identify the DBEs assisted, th	e type of assistance offered, and the

equipment the DBE purchases or leases from the prime contractor or its affiliate. Identify the DBEs assisted, the type of assistance offered, and the dates. Provide copies of supporting documents. List efforts made to assist interested DBEs in obtaining bonding, lines of credit, insurance, necessary equipment, supplies, materials, or related assistance or services, excluding supplies and equipment the DBE subcontractor purchases or leases from the prime contractor or its affiliate. Identify the DBE assisted, the assistance offered, and the date. Provide copies of supporting documents.
8. List the names of agencies and the dates on which they were contacted to provide assistance in contacting, recruiting, and using DBE firms. If the agencies were contacted in writing, provide copies of supporting documents.
9. Include additional data to support a demonstration of good faith efforts.

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NOTE: USE ADDITIONAL SHEETS OF PAPER IF NECESSARY.

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